MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-009432

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
0425-6 DATE AMENDED
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4 1
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1286-0 INSTEAD OF
13
86 SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2638

FILED MAR 14 1963

1. PLACE OF DEATH
a. COUNTY —
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 4 yr 7 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY — Henry
c. CITY OR TOWN Clinton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 111 East Wilson St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Kathryn Middle E. Last Spangler

4. DATE OF DEATH: Month March Day 5, Year 1963

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/8/1882

9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HR: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching

10b. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (City and state or country): Clinton, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James M. Spangler

13b. MOTHER'S MAIDEN NAME: Alice A. Houston

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): no —

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Masonic Home of Mo. 5351 Delmar Blvd. Clinton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — unknown
DUE TO (c): 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ —

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

20f. CITY, TOWN, OR LOCATION COUNTY STATE —

21. I attended the deceased from 8/7/58 to 3/5/63 and last saw her alive on 3/5/63
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold E. Walters M.D.

22b. ADDRESS: 3720 Washington St. Clinton Mo.

22c. DATE SIGNED: 3-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-6-63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Clinton Mo.

24. FUNERAL DIRECTOR ADDRESS: Schaberg Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 6 1963

26. REGISTRAR'S SIGNATURE: Neal Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harry E. Downe
Signature of Student Embalmer

Licensed Embalmer No. 4495

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.